

UNITED STATES COURT OF APPEALS
FOR THE TENTH CIRCUIT

<p style="text-align: center;">Plaintiff/Petitioner - Appellant,</p> <p style="text-align: center;">v.</p> <p style="text-align: center;">Defendant/Respondent - Appellee.</p>	<p>Case No. _____</p> <p style="text-align: center;">Appellant/Petitioner's Opening Brief and Motion for Leave to Proceed Without Prepayment of Costs or Fees</p>
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NOTICE AND INSTRUCTIONS

If you proceed on appeal pro se, the court will accept a properly completed Form A-12 in lieu of a formal brief. This form is intended to guide you in presenting your appellate issues and arguments to the court. If you need more space, additional pages may be attached. A short statement of each issue presented for review should precede your argument. Citations to legal authority may also be included. This brief should fully set forth all of the arguments that you wish the court to consider in connection with this case.

New issues raised for the first time on appeal generally will not be considered. An appeal is not a retrial but rather a review of the proceedings in the district court. A copy of the completed form must be served on all opposing counsel and on all unrepresented parties and a proper certificate of service furnished to this court. A form certificate is attached.

APPELLANT/PETITIONER'S OPENING BRIEF

1. Statement of the Case. (This should be a brief summary of the proceedings in the district court.)

2. Statement of Facts Relevant to the Issues Presented for Review.

3. Statement of Issues.

a. First Issue:

Argument and Authorities:

b. Second Issue:

Argument and Authorities:

4. Do you think the district court applied the wrong law? If so, what law do you want applied?

5. Did the district court incorrectly decide the facts? If so, what facts?

6. Did the district court fail to consider important grounds for relief? If so, what grounds?

7. Do you feel that there are any other reasons why the district court's judgment was wrong? If so, what?

8. What action do you want this court to take in your case?

9. Do you think the court should hear oral argument in this case? If so, why?

Date

Signature

FINANCIAL DECLARATION

Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

Instructions. Please complete all questions in this application and then sign it on the last page. If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

1. Are you or your spouse currently employed? Yes _____ No _____
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

Yourself:

Your Spouse:

Name and Address of Employer

Name and Address of Employer

Length of Employment

Length of Employment

Years Months

Years Months

Monthly Gross Pay \$

Monthly Gross Pay \$

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself ; spouse

Monthly gross pay during last month of employment \$

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from
any of the following sources
during the past 12 months?

Average monthly amount during
past 12 months for you and your
spouse if applicable.

Amount expected next
month

		You	Spouse	You	Spouse
Self-employment	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Income from real property (such as rental income)	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Interest and dividends	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gifts	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Alimony	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Child Support	Y/N <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Retirement income from sources
such as social security, private
pensions, annuities, or insurance
policies

Y/N ____ \$ _____ \$ _____ \$ _____ \$ _____

Disability payments such as social
security, other state or federal
government, or insurance payments

Y/N ____ \$ _____ \$ _____ \$ _____ \$ _____

Unemployment payments

Y/N ____ \$ _____ \$ _____ \$ _____ \$ _____

Public assistance payments such as
welfare payments

Y/N ____ \$ _____ \$ _____ \$ _____ \$ _____

Other sources of money
(specify: _____)

Y/N ____ \$ _____ \$ _____ \$ _____ \$ _____

TOTAL

\$ _____ \$ _____ \$ _____

5. State the amount of cash you and your spouse have: \$ _____

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:

Type of Account
such as savings,
checking, or CD:

Amount you
have:

Amount your
spouse has:

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

Home	Address: _____	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
Other real estate	Address: _____	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ _____
	_____	Amount owed: \$ _____
Motor vehicle	Model/Year: _____	Value: \$ _____
	_____	Amount owed: \$ _____
Other	Description: _____	Value: \$ _____
	_____	Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? Yes _____ No _____		
Is property insurance included? Yes _____ No _____		
Utilities: Electricity and heating fuel	\$ _____	\$ _____
Water and sewer	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Home maintenance (Repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

Transportation (not including car payments)	\$ _____	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Charitable contributions	\$ _____	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ _____	\$ _____
Credit Card: (name) _____	\$ _____	\$ _____
Department Store: (name) _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Payments for support of additional dependents not living at your home	\$ _____	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
 TOTAL MONTHLY EXPENSES	 \$ _____	 \$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four

months? Yes _____ No _____

If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the attorney:

12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes _____ No _____

If yes, how much? \$ _____

If yes, provide the name, address, and telephone number of the person or service:

14. How much can you pay each month toward the docket fee for your appeal.

\$ _____

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal.

16. State the address of your legal residence:

Your daytime phone number:

(_____) _____

Your age: _____

Years of schooling: _____

Your social security number: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: _____ Signature: _____

CERTIFICATE OF SERVICE

I hereby certify that on _____ I sent a copy
[date]

of the foregoing Appellant's Brief and Motion for Leave to Proceed on Appeal without
Prepayment of Costs of Fees, to:

_____, at _____

_____, the last known address, by
way of United States mail or courier.

Date

Signature